
State:	District of Columbia	Filing Company:	Lyndon Southern Insurance Company
TOI/Sub-TOI:	09.0 Inland Marine/09.0000 Inland Marine Sub-TOI Combinations		
Product Name:	Commercial Inland Marine		
Project Name/Number:	/CM 00 01 05 18		

Filing at a Glance

Company:	Lyndon Southern Insurance Company
Product Name:	Commercial Inland Marine
State:	District of Columbia
TOI:	09.0 Inland Marine
Sub-TOI:	09.0000 Inland Marine Sub-TOI Combinations
Filing Type:	Form
Date Submitted:	05/03/2018
SERFF Tr Num:	LFST-131485720
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	CM 2018 (F) DC
Effective Date	On Approval
Requested (New):	
Effective Date	On Approval
Requested (Renewal):	
Author(s):	Sabrina Smith, Saundra Wright
Reviewer(s):	Carmen Belen (primary)
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

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General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number: CM 00 01 05 18	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/03/2018	
State Status Changed:	Deemer Date:
Created By: Sandra Wright	Submitted By: Sandra Wright
Corresponding Filing Tracking Number: LFST-131485728	

Filing Description:

In accordance with the regulatory provisions of your state, the company is adopting all ISO Commercial Inland Marine Forms in effect in your state. The company is also submitting their proprietary forms for your review and approval. These company forms will be used with the approved ISO materials and may be used on a monoline or package basis.

The forms include independent forms to be used in conjunction with the ISO forms portfolio. The company is hereby adopting by reference, all ISO policy forms, endorsements and related forms for use in this state that have been filed by ISO on our behalf for use with the Commercial Inland Marine Policy(ies). Additionally, all independent forms are being submitted as a part of this filing package for your review and approval.

We request your earliest approval date.

Company and Contact

Filing Contact Information

Sandra Wright, Compliance Manager	saundramwright@gmail.com
10151 Deerwood Park Blvd, Bldg	904-357-2164 [Phone]
100	904-350-1069 [FAX]
Suite 500	
Jacksonville, FL 32256	

Filing Company Information

Lyndon Southern Insurance Company	CoCode: 10051	State of Domicile: Delaware
10151 Deerwood Park Boulevard	Group Code: 4718	Company Type: Property & Casualty
Building 100, Suite 500	Group Name:	State ID Number:
Jacksonville, FL 32256	FEIN Number: 43-1754760	
(800) 888-2738 ext. 7265[Phone]		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

LFST-131485720

State Tracking #:

Company Tracking #:

CM 2018 (F) DC

State: District of Columbia

Filing Company:

Lyndon Southern Insurance Company

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		COMMERCIAL INLAND MARINE DECLARATIONS	FCM DS 02 09 00		DEC	New			FCM DS 02 09 00 COMMERCIAL INLAND MARINE DECLARATIONS .pdf
2		COMMERCIAL INLAND MARINE COVERAGE PART RENEWAL ENDORSEMENT	FCM DS 01 09 00		DEC	New			FCM DS 01 09 00 COMMERCIAL INLAND MARINE COVERAGE PART RENEWAL ENDORSEMENT .pdf
3		FORMS AND ENDORSEMENT SCHEDULE	SCH of Forms (01 2018)		OTH	New			SCH of Forms (01 2018) FORMS AND ENDORSEMENT SCHEDULE.pdf
4		Commercial Lines Policy Jacket	Jacket 08 16		OTH	New			FCP Jacket 08 16.pdf
5		COMMERCIAL PACKAGE POLICY DECLARATIONS	FCP DS 01 12 16		DEC	New			FCP DS 01 02 18 CL Declarations Page (Bracketed Filing Copy - Incl Signatures) (003).pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

POLICY NUMBER:

COMMERCIAL INLAND MARINE
FCM DS 02 09 00

COMMERCIAL INLAND MARINE DECLARATIONS

EFFECTIVE DATE ____ / ____ / ____

COMPANY NAME AREA Lyndon Southern Insurance Company A Stock Company Administrative office: 10151 Deerwood Park Blvd, Bldg, 100, Suite500 Toll Free: 800-888-2738	PRODUCER NAME AREA
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NAMED INSURED _____

MAILING ADDRESS _____

POLICY PERIOD: From _____ to _____ at
12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Business Description: _____

Premium for this Coverage Part \$ _____ Payable _____

Forms applicable to the Commercial Inland Marine Coverage Part _____
(Show numbers)

COUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)

POLICY NUMBER:

COMMERCIAL INLAND MARINE
FCM DS 01 09 00

COMMERCIAL INLAND MARINE COVERAGE PART
RENEWAL ENDORSEMENT

ATTACH THIS ENDORSEMENT TO YOUR POLICY

COMPANY Lyndon Southern Insurance Company Administrative office: 10151 Deerwood Park Blvd, Bldg, 100, Suite500 Toll Free: 800-888-2738 Stock Company	
NAMED INSURED	PRODUCER
POLICY PERIOD: From: To: 12:01 A.M. Standard Time at Your Mailing Address Shown Above.	
IN RETURN FOR THE PAYMENT OF THE PREMIUM SHOWN BELOW, AND SUBJECT TO ALL THE TERMS OF THIS POLICY UNLESS OTHERWISE SPECIFIED. THE ABOVE NUMBERED POLICY IS RENEWED FOR THE TERM SHOWN ABOVE. CHANGES, IF ANY:	
RENEWAL PREMIUM \$ _____ Payable: \$ _____ at anniversary: \$ _____	
_____ Authorized Representative Signature	_____ Date

POLICY NUMBER:

SCHEDULE OF FORMS AND ENDORSEMENTS (other than applicable forms shown elsewhere in the policy)

Forms and Endorsements applying to and made part of this policy at the time of issuance:

<u>Number</u>	<u>Ed Date</u>	<u>Title</u>
1.		
2.		

[POLICYHOLDER NAME]
[POLICYHOLDER ADDRESS]

[Program Marketing Name]
Commercial Lines Policy

INSURANCE POLICY

Coverage afforded by this policy is provided by the Company named in the Declarations

Home Office:

[10151 Deerwood Park Blvd.]
[Suite 300]
[Jacksonville, FL 32256]

[Administrative Office:]

[Customer Service Phone Number]

[TBD]
[TBD]
[TBD]

**THIS POLICY JACKET ALONG WITH THE DECLARATIONS PAGE, POLICY FORMS AND ANY
ENDORSEMENTS FORM THE COMPLETE POLICY.**

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law,
this policy shall not be valid unless countersigned by our authorized representative.

[Signature Image]

[President]

[Signature Image]

[Secretary]

**[LYNDON SOUTHERN INSURANCE
A Stock Company - Domiciled in [Georgia]**

[10151 Deerwood Park Boulevard]

[Building 100, Suite 500]

[Jacksonville, FL 32256]

COMMERCIAL LINES POLICY DECLARATIONS

Policy Number: []

NAMED INSURED AND MAILING ADDRESS

[]

[]

[]

The Named Insured is a [Limited Liability Corporation]

Business Description: [Electronics Store]

POLICY PERIOD

From [] 12:01 A.M. to [1/1/2017] 12:01 A.M. Standard Time at the address of First Named Insured stated

COVERED PREMISES

Location	Building	Address	Occupancy
[1]	[1]	[]	[]

PROPERTY COVERAGES

Location	Building	Coverage	\$ Limits of Insurance	Coinsurance / Monthly Limitation	Valuation Basis
[1]	[1]	[Building]	[0]	[90%]	[RC]
[1]	[1]	[Business Personal Property]	[0]	[90%]	[RC]
[1]	[1]	[Business Income]	[0]	[90%]	[RC]
Total Insured Value			[0]		

COVERAGES PROVIDED BY BUSINESSOWNERS FORMS

Equipment Breakdown	Total Insured Value	Spoilage Coverage	\$10,000 for Perishable Stock
Employee Dishonesty	\$10,000	Accounts Receivable	\$10,000 inside/\$5,000 outside
Business Personal Property Temporarily in Portable Storage Units	\$10,000	Business Income Coverage	12 months Actual Loss Sustained 72 hour waiting period
Moneys and Securities	\$10,000 (Credit Card Slips included)	Food Contamination –	\$10,000 for damaged property or losses from“ suspended operations” and \$3,000 per occurrence for additional “advertising expense”
Water Backup and Sump Overflow- \$5,000 per location for Covered Property & \$5,000 per location for Business Income			

Deductible

[All Perils per Line of Coverage: \$1,000]

MORTGAGEE

Location	Building	Name and Address	Interest
[1]	[1]	<div></div> <div></div> <div></div>	[Mortgagee]

LIABILITY COVERAGES

General Liability Limits of Insurance:

A. Each Occurrence Limit	[\$0]
B. General Aggregate Limit	[\$0]
C. Products – Completed Operations Aggregate Limit	[Included]
D. Personal or Advertising Injury Limit	[\$0]
E. Damage to Premises Rented To You Limit (Any One Premises)	[\$0]
F. Medical Expense Limit (Any One Person)	[\$0]
Deductible:	[\$0]
Form: [Occurrence]	

[Employment Practices] Liability Limits of Insurance:

Per Claim Limit of Liability:	[\$0]
Aggregate Limit of Liability:	[\$0]
Deductible:	[\$0]
Form: [Claims Made]	[Retroactive Date: 08/01/15]

[Hired and Non-Owned Auto] Liability Limits of Insurance:

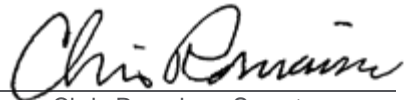
Per Claim Limit of Liability:	[\$0]
Aggregate Limit of Liability:	[\$0]
Form: [Occurrence]	

[INSURANCE COMPANY OF THE SOUTH]
COMMERCIAL LINES DECLARATIONS

PREMIUM

Property Premium:	[\$0]
Liability Premium:	[\$0]
Base Premium:	[\$0]
Terrorism Premium:	[\$0]
Inspection Fee: Not Applicable in MD	[\$250]
Total Premium and Fees:	[\$0]

In witness whereof, the Company has caused this policy to be executed and attested, and if required by state law, this policy shall not be valid unless countersigned by a duly authorized representative of the Company.

[]
Chris Romaine - Secretary

[]
Rick Kahlbaugh - President

State:	District of Columbia	Filing Company:	Lyndon Southern Insurance Company
TOI/Sub-TOI:	09.0 Inland Marine/09.0000 Inland Marine Sub-TOI Combinations		
Product Name:	Commercial Inland Marine		
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Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	DC Forms List
Comments:	n/a
Attachment(s):	DC Forms List.pdf
Item Status:	
Status Date:	

Form Number	Title	Mandatory
FCM DS 01 09 00	COMMERCIAL INLAND MARINE COVERAGE PART RENEWAL ENDORSEMENT	
FCM DS 02 09 00	COMMERCIAL INLAND MARINE DECLARATIONS	
CM DS 03 03 10	ADVISORY ACCOUNTS RECEIVABLE DECLARATIONS	
CM DS 04 09 00	ADVISORY CAMERA AND MUSICAL INSTRUMENT DEALERS DECLARATIONS	
CM DS 05 09 00	ADVISORY COMMERCIAL ARTICLES DECLARATIONS	
CM DS 06 03 10	ADVISORY EQUIPMENT DEALERS DECLARATIONS	
CM DS 07 09 00	ADVISORY FILM DECLARATIONS	
CM DS 08 09 00	ADVISORY FLOOR PLAN DECLARATIONS	
CM DS 09 09 00	ADVISORY JEWELERS BLOCK DECLARATIONS	
CM DS 10 09 00	ADVISORY MAIL COVERAGE DECLARATIONS	
CM DS 11 09 00	ADVISORY MAIL COVERAGE - REPORTING DECLARATIONS	
CM DS 12 09 00	ADVISORY PHYSICIANS AND SURGEONS EQUIPMENT DECLARATIONS	
CM DS 13 09 00	ADVISORY TRANSFER AGENTS MAIL DECLARATIONS	
CM DS 14 09 00	ADVISORY FLAT PREMIUM PER SHIPPING PACKAGE DECLARATIONS	
CM DS 15 09 00	ADVISORY SIGNS DECLARATIONS	

CM DS 16 03 10	ADVISORY THEATRICAL PROPERTY DECLARATIONS	
CM DS 17 09 00	ADVISORY VALUABLE PAPERS AND RECORDS DECLARATIONS	
CM P 001 08 08	WATER EXCLUSION ADVISORY NOTICE TO POLICYHOLDERS	
CM P 002 03 10	COMMERCIAL INLAND MARINE COVERAGE PART MULTISTATE REVISION OF FORMS AND ENDORSEMENTS ADVISORY NOTICE	
CM P 003 01 13	COMMERCIAL INLAND MARINE COVERAGE PART MULTISTATE FORMS REVISION ADVISORY NOTICE TO POLICYHOLDERS	
CM 00 01 09 04	COMMERCIAL INLAND MARINE CONDITIONS	X
CM 00 20 01 13	COMMERCIAL ARTICLES COVERAGE FORM	
CM 00 21 01 13	CAMERA AND MUSICAL INSTRUMENT DEALERS COVERAGE	
CM 00 22 01 13	EQUIPMENT DEALERS COVERAGE FORM	
CM 00 26 01 13	PHYSICIANS AND SURGEONS EQUIPMENT COVERAGE FORM	
CM 00 28 01 13	SIGNS COVERAGE FORM	
CM 00 29 01 13	THEATRICAL PROPERTY COVERAGE FORM	
CM 00 45 01 13	FILM COVERAGE FORM	
CM 00 52 01 13	FLOOR PLAN COVERAGE FORM	
CM 00 59 01 13	JEWELERS BLOCK COVERAGE FORM	
CM 00 60 03 10	MAIL COVERAGE FORM	
CM 00 66 01 13	ACCOUNTS RECEIVABLE COVERAGE FORM	
CM 00 67 01 13	VALUABLE PAPERS AND RECORDS COVERAGE FORM	
CM 20 02 11 85	LIST OF PROPERTY ON FILE	
CM 26 01 09 04	PROPERTY USUALLY CARRIED BY YOU	
CM 26 02 09 00	ADDITIONALLY COVERED PROPERTY	
CM 26 03 03 10	ARTIFICIALLY GENERATED ELECTRIC, MAGNETIC OR ELECTROMAGNETIC ENERGY COVERAGE	
CM 45 01 09 00	NONREPORTING	
CM 59 03 09 00	REGISTERED MAIL DEDUCTIBLE	
CM 59 07 09 00	LIMITATION ON PROPERTY AWAY FROM PREMISES	
CM 59 90 09 00	PROPOSAL FOR JEWELERS BLOCK COVERAGE FORM	
CM 60 02 09 00	FLAT PREMIUM PER SHIPPING PACKAGE - FIRST CLASS MAIL OR	
CM 60 08 09 00	TRANSFER AGENTS MAIL	
CM 60 09 09 00	NEGOTIABLE SECURITIES SENT UNDER AIR BILL	
CM 60 10 09 00	SECURITIES SENT BY THE UNITED STATES TREASURY	
CM 66 01 09 00	EXCLUSION OF NAMED CUSTOMERS	
CM 66 04 09 04	DUPLICATE RECORDS	
CM 66 06 09 04	REPORTING	
CM 67 02 09 00	LIBRARIES	
CM 99 01 03 10	ADDITIONALLY COVERED PROPERTY	
CM 99 02 09 04	REPORTING	
CM 99 03 11 85	NEW BUSINESS - PREMIUM ADJUSTMENT	

CM 99 04 07 88	TENTATIVE RATE	
IL C 006 12 11	CERTIFICATE OF PROPERTY INSURANCE (COMMERCIAL RISKS)	
IL DS 00 09 08	COMMON POLICY DECLARATIONS	
IL L 002 02 13	PROPERTY - NOTICE OF LOSS	
IL N 026 06 09	DISTRICT OF COLUMBIA FRAUD STATEMENT	
IL P 001 01 04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS	
IL T 001 05 05	LOST POLICY RELEASE/CANCELLATION REQUEST	
IL 00 03 09 08	CALCULATION OF PREMIUM	
IL 00 17 11 98	COMMON POLICY CONDITIONS	
IL 00 30 01 06	EXCLUSION OF TERRORISM	
IL 00 31 01 06	EXCLUSION OF TERRORISM INVOLVING NUCLEAR, BIOLOGICAL OR CHEMICAL TERRORISM	
IL 00 32 01 06	LIMITATION OF COVERAGE FOR TERRORISM - SUB-LIMIT ON	
IL 02 78 09 08	DISTRICT OF COLUMBIA CHANGES - CANCELLATION AND	X
IL 09 17 11 85	RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT	
IL 09 35 07 02	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES	X
IL 09 52 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	
IL 09 53 01 15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	
IL 09 85 01 15	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT	
IL 09 86 01 15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM INVOLVING NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL	
IL 09 87 01 15	LIMITATION OF COVERAGE FOR CERTIFIED ACTS OF TERRORISM (SUB-LIMIT ON ANNUAL AGGREGATE BASIS)	
IL 09 95 01 07	CONDITIONAL EXCLUSION OF TERRORISM (RELATING TO DISPOSITION OF FEDERAL TERRORISM RISK INSURANCE ACT)	
IL 09 96 01 07	CONDITIONAL EXCLUSION OF TERRORISM INVOLVING NUCLEAR, BIOLOGICAL OR CHEMICAL TERRORISM (RELATING TO DISPOSITION OF FEDERAL TERRORISM RISK INSURANCE	

IL 09 97 01 07	CONDITIONAL LIMITATION OF COVERAGE FOR TERRORISM - SUB-LIMIT ON ANNUAL AGGREGATE BASIS (RELATING TO DISPOSITION OF FEDERAL TERRORISM RISK INSURANCE ACT)	
IL 09 98 01 15	DISCLOSURE OF PREMIUM THROUGH END OF YEAR FOR CERTIFIED ACTS OF TERRORISM COVERAGE (PURSUANT TO	
IL 09 99 01 15	DISCLOSURE OF PREMIUM AND ESTIMATED PREMIUM FOR CERTIFIED ACTS OF TERRORISM COVERAGE (PURSUANT TO	
IL 12 01 11 85	POLICY CHANGES	
SCH of Forms 01 2018	SCHEDULE OF FORMS AND ENDORSEMENTS	
FCP JACKET – 08 16	JACKET	x
FCG 87 62 12 14	RISK PURCHASING GROUP ENDORSEMENT	